## CLAIMS ONLY

Application Number: 09989372

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| 40 | cancel | | | | | |
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| 42 | cancel | | | | | |
| 43 | cancel | | | | | |
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| 48 | cancel | | | | | |
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| Total Indep | 6 | | | | | |
| Total Depend | 24 | | | | | |
| Total Claims | 30 | | | | | |

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